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## FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
10 JUL 14 AM 10: 51
Office Use Only

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1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT ¥	Example:If typing, t over the lines	уре	)	
Br	rad Carson for Senate, In	. <b>c.</b>	<u> </u>		1	
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ADI	ORESS (number and street)	3103 Callaway Dr	<u> </u>	<del></del>	<u> </u>	
	Check if different		1.1 1 1 1 1 1	<u> </u>		
<u> </u>	than previously reported. (ACC)	Claremore	<u></u> .	ا لــــ	K L	74019
2.	FEC IDENTIFICATION NUM	øBER ♥CI	TYA	STA	ATE 🛋	ZIP CODE ▲  STATE ▼ DISTRIC
	C00391854	3. IS TI REP	HIS NEW PORT (N)	OR [	AMENDED (A)	]
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  (b) 12-Day PRE-Election Report for the:						
	April 15 Quarterly	Report (Q1)	Primary (12P	)	General (12G)	Runoff (12R)
	July 15 Quarterly F	Report (Q2)	· Convention (	(2°C)	Special (12S)	A STATE OF THE STA
	October 15 Quarte	erly Report (Q3) Elec	tion on			in the State of
	January 31 Year-E	End Report (YE) (c) 30-D	Day POST-Election Rep	ort for the		otate of
	_ ,	(6) 30 2	General (30G	<b>[-1</b>	Runoff (30R)	Special (30S)
	Termination Repor	t (TER) Elec	tion on .			in the State of
5. Covering Period 0 4 0 1 2 0 1 0 through 0 6 3 0 2 0 1 0						
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer  Mr. Brad Carson						
Signature of Treasurer Electronically Filed by Mr. Brad Sarson ////Lo/o Date 07 09 2010						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.						
	Office Use					FEC FORM 3 (Revised 02/2003)